
WATER-IN-BASEMENT (WIB) CLAIM FORM

If the sewage backup in your basement was the result of **negligence** on the part of the Mount Vernon Wastewater Department, the City of Mount Vernon and the Wastewater Department want to see that you are compensated fairly and in accordance with the law for any property damage that may have resulted.

If the Mount Vernon Wastewater Department was **negligent**, the Mount Vernon City Law Director and Safety Service Director will attempt to settle your claim by offering you a reasonable sum of money. The amount of money the Claims Section offers you will be based on your documented damages. For that reason, it is to your benefit to carefully follow these instructions and to respond to any additional requests from the Claims Section for information about your damages.

What kind of damage can I be reimbursed for?

- The reasonable value of any property lost or destroyed in the backup; and
- The cost of restoring your basement or other structural damage to your home; or
- The documented reduced value of your real property at the time of sale of the property as a result of permanent impairment of the property due to public sewer capacity issues.

How to make a claim

- Complete the claim form and submit it to
**Safety Service Director
City of Mount Vernon
40 Public Square
Mount Vernon, OH 43050**
- Cooperate with the City and the Mount Vernon Wastewater Department investigation, if the investigation has not already been conducted.

Claim Investigation

- If it has not already done so, the Wastewater Department will determine whether your backup was caused by a problem in the public sewer system.
- In conducting such investigations, the Wastewater Department will use good faith and reasonable engineering judgment.
- If inadequate sewer capacity has caused a basement backup in the last two years and the Wastewater Department has not fixed the capacity problem, the Wastewater Department will accept responsibility for the backup without additional investigation.

Other things you should know

- Ohio law requires you to collect first from your homeowner insurance.
- The City will pay you the difference between what your insurance coverage pays and your total loss, if your claim qualifies.
- Prior to processing and paying any claims, the City must have information regarding your insurance policy and any insurance claims that you have made.

Decisions and Questions

City of Mount Vernon

40 Public Square, Mount Vernon, OH 43050

www.mountvernonohio.org

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- The City of Mount Vernon will send you a written decision within 60 days of receiving your claim.
- To check the status of your claim, call the Safety Service Director on (740) 393-9520.

GENERAL INFORMATION *To be completed by claimant*

Address of Property affected
by Water in Basement [WIB]

Property Owner: _____

Mailing Address: _____

Phone Number(s) : _____

Name of claimant: _____

Type of property: Single Family Residence Business

Multi-Family Residence (# of Units: _____)

When did this WIB occurrence begin? _____

Did you report this WIB incident to the Wastewater Department? ___ Yes ___ No

If you reported the incident, when did you report it? _____

Number of times you have had WIB incidents in the past: _____

Approximate dates of those incidents:

Did a plumber or other qualified professional determine the cause of the backup? If so, please provide a copy of the report from the plumber or other qualified professional setting out the basis for his/her conclusion. Please summarize that conclusion below.

DAMAGES INFORMATION

To be completed by claimant

(1) Is your basement: Unfinished Partly Finished Completely Finished

(2) If your basement was partially finished, please indicate the square footage of finished square feet:

_____ Finished square feet _____ Unfinished square feet

(3) Please indicate the type of flooring that was in your basement prior to the WIB:

Bare floors Carpeting Tile/linoleum

(4) Please indicate what your basement is used for:

Storage Bathroom Study/ den Laundry
 Bedroom Family Room Workbench
 Other (please specify): _____

(5) Please attach an inventory of damaged property, using the attached instructions.

(6) Do you believe that the WIB incident caused any structural damage to the premises?
If so, Please provide a report from a structural engineer or other qualified professional describing the damage, its causes and proposed remedies for it. Please summarize that information below.

(7) Decrease in Property Value:

(a) Did you sell or have you tried to sell the property since the WIB? Do you believe that you received or were offered less than the full value because of the WIB incident? If so, please provide a report from an appraiser or other qualified professional quantifying the reduction in value attributable to the property's WIB status. Please also include any sales contracts or offers, as well as any declarations, documents or other evidence that you believe supports your claim.

(b) In connection with the WIB situation that has given rise to your decrease in value claim, have you undertaken any other mitigation measures? If so, please describe below and attach any reports from engineers or other qualified professionals documenting the mitigation measures.

INSURANCE INFORMATION: To be completed by all claimants

Do you have an insurance policy on the property that has experienced the WIB? Yes No

If you have insurance on the property, please provide the following information:

The name of your insurance carrier: _____

Your policy number: _____ Amount of deductible _____

Please attach a copy of your policy's "Declarations Sheet" and/ or a letter from your carrier indicating that these damages are not covered.

VERIFICATION

To be completed by claimant

I hereby certify that the information provided on this form (and any attachments), as well as information contained on my inventory of damaged property, is true and accurate to the best of my knowledge.

.....
Signature of Claimant

.....
Date

OTHER POTENTIAL CLAIMANTS

We request this information in order to identify any other persons who may have claims for damages as the result of the WIB. Please complete any applicable section.

(A) **RENTERS:** If you rent the property that experienced the WIB, please provide the following information about your landlord:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

(B) **LANDLORDS:** If you own the property that experienced the WIB, please provide the following information about each tenant, co-owners, land contract holders whom you believe may have incurred damage to personal property as a result of the WIB (attach a separate piece of paper if necessary).

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Unit #: _____

Please provide the following information: Is the property held in the name of a corporation, partnership, or other entity, rather than by individuals? Yes No

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please provide the following information about how we can contact you:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Instructions for Providing Inventory of Damaged Property

INSTRUCTIONS:

On a separate piece of paper, make a list of all the items for which you are claiming damages as the result of the WIB. Your list should include:

For every **ELECTRONIC DEVICE** or **APPLIANCE**: (that is, washer, lamp, television)

- Manufacturer
- Model Number, if available
- Approximate age
- Cost when purchased
- A description of the damage the item sustained
- Whether the item is still usable
- Receipt, if available
- Picture of the item

FOR EVERY PIECE OF FURNITURE: (that is, couch, chair)

- Appropriate descriptive information (such as size, type of fabric, etc.)
- Approximate age
- Cost when purchased
- A description of the damage the item sustained
- Whether the item is still usable
- Receipt, if available
- Picture of the item

FOR EVERY OTHER ITEM:

- Appropriate descriptive information
- Approximate age
- Cost when purchased
- A description of the damage the item sustained
- Receipt, if available
- Picture of the item

FOR DAMAGE TO REAL PROPERTY (if part of your home was damaged by the WIB)

- Age of your home or addition damaged
- Describe the damage
- Estimated cost of repair (or receipt if repair already completed)
- Pictures of the damage
- Report of engineer, appraiser or other qualified professional documenting that the described damage is the result of WIB incident

If you have any questions or need additional information on filing your claim, call the Safety Service Director's Office 740-393-9520.